



New Mexico Activities Association
2007 NMAA State Track and Field Championships
University of New Mexico Track & Field Complex



Qualifying Results Form

Date of Meet: _____ **Name of Meet** _____

Gender (circle one): Boys or Girls **Host School:** (School Name) _____

Host Coach Name: _____ **Host Coach Phone Number:** _____

Certified Officials Name: _____ **Certified Officials Signature:** _____

INDIVIDUAL RUNNING EVENTS				
EVENT	ATHLETE NAME	SCHOOL	TIME	
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

RELAY EVENTS			
EVENT	SCHOOL	TIME	
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

INDIVIDUAL FIELD EVENTS			
EVENT	ATHLETE NAME	SCHOOL	DISTANCE or HEIGHT
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

IMPORTANT: Each Qualifying Meet Host must send or fax this form, signed by the meets Certified Official to Mark Koski within seven (7) calendar days after the conclusion of the meet to: New Mexico Activities Association, Attn: Mark Koski, 6600 Palomas NE, Albuquerque, New Mexico 87109
 Phone Numbers: Mark Koski Office # (505) 923-3268 Mark Koski Cell # (505) 977-5385 Fax # (505) 923-3114